



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

I. NAME OF INSTALLATION

THOMPSON - HAYWARD CHEMICAL COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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| 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

CITY OR TOWN

ST.

ZIP CODE

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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| 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

CITY OR TOWN

ST.

ZIP CODE

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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| 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
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| 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 | 612 | 613 | 614 | 615 | 616 | 617 | 618 | 619 | 620 | 621 | 622 | 623 | 624 | 625 | 626 | 627 | 628 | 629 | 630 | 631 | 632 | 633 | 634 | 635 | 636 | 637 | 638 | 639 | 640 | 641 | 642 | 643 | 644 | 645 | 646 | 647 | 648 | 649 | 650 | 651 | 652 | 653 | 654 | 655 | 656 | 657 | 658 | 659 | 660 | 661 | 662 | 663 | 664 | 665 | 666 | 667 | 668 | 669 | 670 | 671 | 672 | 673 | 674 | 675 | 676 | 677 | 678 | 679 | 680 | 681 | 682 | 683 | 684 | 685 | 686 | 687 | 688 | 689 | 690 | 691 | 692 | 693 | 694 | 695 | 696 | 697 | 698 | 699 | 700 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION

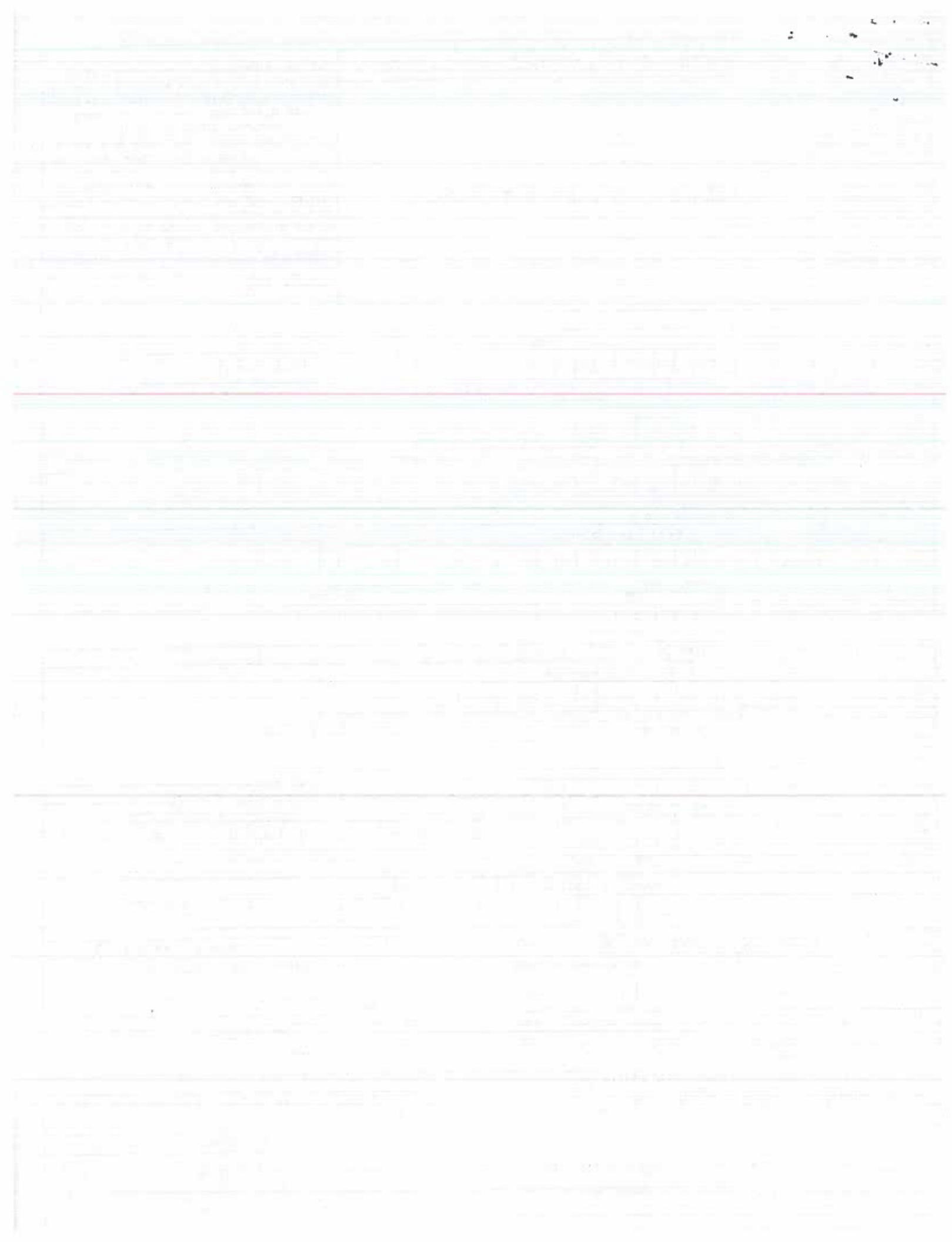
☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

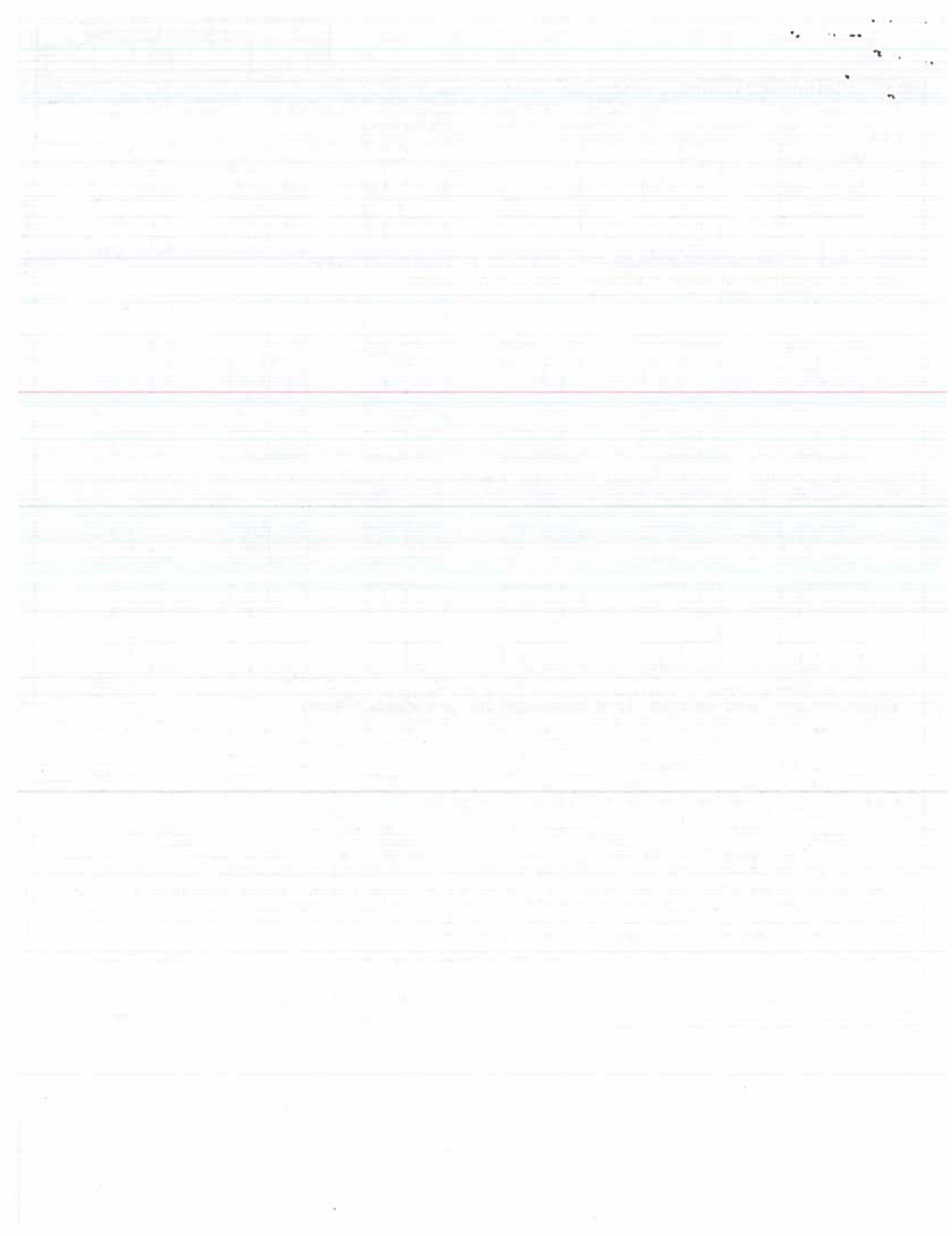
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 701 | 702 | 703 | 704 | 705 | 706 | 707 | 708 | 709 | 710 | 711 | 712 | 713 | 714 | 715 | 716 | 717 | 718 | 719 | 720 | 721 | 722 | 723 | 724 | 725 | 726 | 727 | 728 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 | 741 | 742 | 743 | 744 | 745 | 746 | 747 | 748 | 749 | 750 | 751 | 752 | 753 | 754 | 755 | 756 | 757 | 758 | 759 | 760 | 761 | 762 | 763 | 764 | 765 | 766 | 767 | 768 | 769 | 770 | 771 | 772 | 773 | 774 | 775 | 776 | 777 | 778 | 779 | 780 | 781 | 782 | 783 | 784 | 785 | 786 | 787 | 788 | 789 | 790 | 791 | 792 | 793 | 794 | 795 | 796 | 797 | 798 | 799 | 800 |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



J.L. Smith / Atlanta



WITHDRAW / NO GSA

Part A, Permit Process --- Internal Checklist

ID Number GAD 057 515417 Inst Name Tompson - Hayward Chem

PHASE ONE

| Refer to<br>Form No: | Interim Regulatory Requirements                   | Indicate by<br>your initials: |     | Valid<br>Prm/g<br>Date? |
|----------------------|---|-------------------------------|-----|-------------------------|
|                      |   | Yes                           | No  |                         |
| 1                    | T/S/D Facility? (If No, return to respondent.)    | <u>JK</u>                     | ___ | ___                     |
| 3                    | Form 1 received?                                  | <u>JK</u>                     | ___ | ___                     |
| 1                    | Form 3 received?                                  | <u>JK</u>                     | ___ | ___                     |
| 1 & 3                | Postmarked on or before November 19, 1980?        | <u>JK</u>                     | ___ | ___                     |
| 3                    | Date of operation entered?                        | <u>JK</u>                     | ___ | ___                     |
| 3                    | Date of operation on or before November 19, 1980? | <u>JK</u>                     | ___ | ___                     |
| Notif.<br>record     | Notifier?   | <u>JK</u>                     | ___ | ___                     |
| "                    | Notified on or before August 18, 1980?            | <u>JK</u>                     | ___ | ___                     |
| 1                    | Form 1, XIII B signed?                            | <u>JK</u>                     | ___ | ___                     |
| 3                    | Form 3, IX B Signed?                              | <u>JK</u>                     | ___ | ___                     |

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO

|       |   |     |     |
|-------|---|-----|-----|
| 1     | Unsure if regulated or non-regulated?   | ___ | ___ |
| 3     | New facility?   | ___ | ___ |
| 1 & 3 | Core items missing? If Yes, indicate which items:<br>Facility name___; location___; mail address___; operator info___;<br>certification <u>M</u> ; process info___; waste info <u>JK</u> ; owner <u>JK</u> sigs <u>JK</u> . | ___ | ___ |

PHASE THREE

|       |  |
|-------|--|
| 1 & 3 | Non-core items missing? If Yes, indicate which items:<br>Maps___; photos___; drawings___; lat/long___.<br>Other observations and comments: |
|-------|--|

Received Date Stamp

Log out/Log in  
on reverse side



RCRA MAINTENANCE FORM

FACILITY NAME Thompson-Hayward ID # 6AD 087 515 417

F1 Notif. approval \_\_\_\_\_  
Date notified \_\_\_\_\_  
Permit app. approved \_\_\_\_\_  
Date Part A r'cd 1 \_\_\_\_\_  
Facility name \_\_\_\_\_  
Notif. confidential \_\_\_\_\_  
Part A confidential \_\_\_\_\_  
Closure date \_\_\_\_\_

F2 Contact name & pos. \_\_\_\_\_  
Contact tele. # \_\_\_\_\_  
Modif. under const. \_\_\_\_\_  
Commercial fac. indic. \_\_\_\_\_  
Non-reg. fac. indicator \_\_\_\_\_

F3 Mailing address \_\_\_\_\_  
F4 Mailing city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

F5 Facility address \_\_\_\_\_  
County name \_\_\_\_\_

F6 Facility city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County code \_\_\_\_\_ Drawings B Photos A  
District code \_\_\_\_\_ River Basin code \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

F7 SIC \_\_\_\_\_ NEW SIC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F8 Facility operator name \_\_\_\_\_ Owner type \_\_\_\_\_  
Activity codes: Gen \_\_\_\_\_ Trans \_\_\_\_\_ TSD A UIC \_\_\_\_\_  
Transport mode: Air \_\_\_\_\_ Rail \_\_\_\_\_ Hwy \_\_\_\_\_ Water \_\_\_\_\_ Other \_\_\_\_\_  
Owner/Oper ind. \_\_\_\_\_ Facility status \_\_\_\_\_ RCRA permit stat \_\_\_\_\_  
Existence date \_\_\_\_\_

| F9 | Type  | Permit number | Type  | New permit number |
|----|-------|---------------|-------|-------------------|
|    | _____ | _____         | _____ | _____             |
|    | _____ | _____         | _____ | _____             |
|    | _____ | _____         | _____ | _____             |
|    | _____ | _____         | _____ | _____             |

F0 Date acknowledgement sent: Notification \_\_\_\_\_  
Int. status \_\_\_\_\_ Int. status 2 \_\_\_\_\_

FA Operator tele. # \_\_\_\_\_ Street \_\_\_\_\_  
FB City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Indian land \_\_\_\_\_

FC Comment # \_\_\_\_\_ Comment \_\_\_\_\_

FE Facility owner \_\_\_\_\_ Tele # \_\_\_\_\_

FF Owner street \_\_\_\_\_

FG Owner city \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

| Cl | Process code | Amount | Unit  | New Code     | Amount | Unit  |
|----|--------------|--------|-------|--------------|--------|-------|
|    | <u>504</u>   | _____  | _____ | <del>4</del> | _____  | _____ |
|    | _____        | _____  | _____ | _____        | _____  | _____ |

| W1 | Waste Seq # | Waste Code | Waste Amount | Unit  | New Waste | New Amount | New Unit |
|----|-------------|------------|--------------|-------|-----------|------------|----------|
|    | _____       | _____      | _____        | _____ | _____     | _____      | _____    |
|    | _____       | _____      | _____        | _____ | _____     | _____      | _____    |
|    | _____       | _____      | _____        | _____ | _____     | _____      | _____    |

| W2 | Waste Seq # | Waste Code | Process | Change Process |
|----|-------------|------------|---------|----------------|
|    | _____       | _____      | _____   | _____          |
|    | _____       | _____      | _____   | _____          |
|    | _____       | _____      | _____   | _____          |



[illegible]





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

JUN 1 1 1981

REF: 4E-CP

Mr. Harold Vandiver  
Thompson-Hayward Chemical Co.  
P. O. Box 20178, Station N  
Atlanta, Georgia 30325

Dear Mr. Vandiver:

In response to your letter of June 4, 1981, your company, Thompson-Hayward Chemical, may retain their Environmental Protection Agency (EPA) hazardous waste identification number (GA0087515417) even though the facility is a non-handler of hazardous waste.

In the event of a spill your facility would be considered a generator of hazardous waste and subject to regulation under 40 C.F.R. Parts 261 and 262, Identification and Listing of Hazardous Waste and Standards Applicable to Generators of Hazardous Waste, respectively. However, in order to treat, store, and dispose of the waste on site, an emergency permit under 40 C.F.R. Part 122.27 would be required.

If I can be of further assistance please do not hesitate to call me at 404/881-2328.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel P. Thoman", is written above the typed name.

Daniel P. Thoman  
Environmental Engineer  
Consolidated Permits Branch

cc: Land Protection Branch  
Environmental Protection Division  
Atlanta, Ga.



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.I. NAME OF IN-  
STALLATIONII. INSTALLATION  
MAILING  
ADDRESSIII. LOCATION  
OF INSTAL-  
LATION

000099

S013

PLEASE PLACE LABEL IN THIS SPACE

EPA REGION IV

JUN 3 4 57 PM '84

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL  
M - NON-FEDERAL☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

10NH

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| I.D. - FOR OFFICIAL USE ONLY |   |   |   |   |   |   |   |   |    |    |    |    |     |    |
|------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|-----|----|
| 3                            |   |   |   |   |   |   |   |   |    |    |    |    | T/A | C  |
| W                            |   |   |   |   |   |   |   |   |    |    |    |    | 1   |    |
| 1                            | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14  | 15 |

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|
| 1       | 2       | 3       | 4       | 5       | 6       |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7       | 8       | 9       | 10      | 11      | 12      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|
| 13      | 14      | 15      | 16      | 17      | 18      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19      | 20      | 21      | 22      | 23      | 24      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25      | 26      | 27      | 28      | 29      | 30      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|
| 31      | 32      | 33      | 34      | 35      | 36      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37      | 38      | 39      | 40      | 41      | 42      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43      | 44      | 45      | 46      | 47      | 48      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|         |         |         |         |         |         |
|---------|---------|---------|---------|---------|---------|
| 49      | 50      | 51      | 52      | 53      | 54      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|           |                                       |             |
|-----------|---------------------------------------|-------------|
| SIGNATURE | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED |
|           |                                       |             |



| FORM 1<br>GENERAL   |   | U.S. ENVIRONMENTAL PROTECTION AGENCY<br>GENERAL INFORMATION<br>Consolidated Permits Program<br>(Read the "General Instructions" before starting.) |                            | I. EPA I.D. NUMBER<br>F G A D 0 8 7 5 1 5 4 1 7 5 |  |
|---|---|---|----------------------------|---|--|
| I. EPA I.D. NUMBER  |   | RECEIVED<br>FACILITY IV<br>PLEASE PLACE LABEL IN THIS SPACE   |                            | GENERAL INSTRUCTIONS                              |  |
| III. FACILITY NAME  | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |   |                            |   |  |
| V. FACILITY MAILING ADDRESS   |   |   |                            |   |  |
| VI. FACILITY LOCATION   |   |   |                            |   |  |
| II. POLLUTANT CHARACTERISTICS   |   |   |                            |   |  |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. |   |   |                            |   |  |
| SPECIFIC QUESTIONS  |   | MARK 'X'  |                            | SPECIFIC QUESTIONS                                |  |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)  |   | YES   | NO                         | FORM ATTACHED                                     | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |
|   |   |   | X                          |   |  |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)   |   | 15  | 17                         | 19  | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |
|   |   |   | X                          |   |  |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)  |   | 22  | 23                         | 24  | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |
|   |   | X   |                            |   |  |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  |   | 29  | 30                         | 31  | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |
|   |   |   | X                          |   |  |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  |   | 34  | 35                         | 36  | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |
|   |   |   | X                          |   |  |
| III. NAME OF FACILITY   |   |   |                            |   |  |
| 1 SKIP THOMPSON - HAYWARD CHEMICAL COMPANY  |   |   |                            |   |  |
| IV. FACILITY CONTACT  |   |   |                            |   |  |
| A. NAME & TITLE (last, first, & title)  |   |   | B. PHONE (area code & no.) |   |  |
| 2 SMITH J L BRANCH MANAGER  |   |   | 4 0 4 3 5 1 0 6 5 4        |   |  |
| V. FACILITY MAILING ADDRESS   |   |   |                            |   |  |
| A. STREET OR P.O. BOX   |   |   |                            |   |  |
| 3 P O BOX 20178   |   |   |                            |   |  |
| B. CITY OR TOWN   |   |   | C. STATE                   | D. ZIP CODE                                       |  |
| 4 ATLANTA   |   |   | GA                         | 3 0 3 2 5   |  |
| VI. FACILITY LOCATION   |   |   |                            |   |  |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER   |   |   |                            |   |  |
| 5 HWY 278 AND FLORENCE ROAD   |   |   |                            |   |  |
| B. COUNTY NAME  |   |   |                            |   |  |
| COBB  |   |   |                            |   |  |
| C. CITY OR TOWN   |   |   | D. STATE                   | E. ZIP CODE                                       | F. COUNTY CODE (if known)  |
| 6 POWDER SPRINGS  |   |   | GA                         | 3 0 0 7 3   |  |

CONTINUED FROM THE FRONT

**II. SIC CODES (4-digit, in order of priority)**

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <b>A. FIRST</b>                          |  |  |  | <b>B. SECOND</b>                                |  |  |  |
| (specify) 2, 8, 6, 9 INDUSTRIAL CHEMICAL |  |  |  | (specify) 7 2 8 9 9 WATER PURIFICATION CHEMICAL |  |  |  |
| <b>C. THIRD</b>                          |  |  |  | <b>D. FOURTH</b>                                |  |  |  |
| (specify)                                |  |  |  | (specify)                                       |  |  |  |

**III. OPERATOR INFORMATION**

|   |  |  |  |  |  |                 |  |                    |  |   |  |   |  |
|---|--|--|--|--|--|-----------------|--|--------------------|--|---|--|---|--|
| <b>A. NAME</b>  |  |  |  |  |  |                 |  |                    |  |   |  | <b>B. Is the name listed in Item VIII-A also the owner?</b>         |  |
| THOMPSON - HAYWARD CHEMICAL COMPANY   |  |  |  |  |  |                 |  |                    |  |   |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <b>C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)</b> |  |  |  |  |  |                 |  |                    |  | <b>D. PHONE (area code &amp; no.)</b>   |  |   |  |
| F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE O = OTHER (specify)                  |  |  |  |  |  |                 |  |                    |  | 4 0 4 3 5 1 0 6 5 4   |  |   |  |
| <b>E. STREET OR P.O. BOX</b>  |  |  |  |  |  |                 |  |                    |  |   |  |   |  |
| 1 2 9 4 LOGAN CIRCLE  |  |  |  |  |  |                 |  |                    |  |   |  |   |  |
| <b>F. CITY OR TOWN</b>  |  |  |  |  |  | <b>G. STATE</b> |  | <b>H. ZIP CODE</b> |  | <b>IX. INDIAN LAND</b>  |  |   |  |
| B ATLANTA   |  |  |  |  |  | G A             |  | 3 0 3 2 5          |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |   |  |

**X. EXISTING ENVIRONMENTAL PERMITS**

|   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| <b>A. NPDES (Discharges to Surface Water)</b>   |  |  |  |  |  |  |  |  |  | <b>D. PSD (Air Emissions from Proposed Sources)</b> |  |  |  |  |  |  |  |  |  |
| 9 N   |  |  |  |  |  |  |  |  |  | 9 P   |  |  |  |  |  |  |  |  |  |
| <b>B. UIC (Underground Injection of Fluids)</b> |  |  |  |  |  |  |  |  |  | <b>E. OTHER (specify)</b>                           |  |  |  |  |  |  |  |  |  |
| 9 U   |  |  |  |  |  |  |  |  |  | (specify)   |  |  |  |  |  |  |  |  |  |
| <b>C. RCRA (Hazardous Wastes)</b>               |  |  |  |  |  |  |  |  |  | <b>E. OTHER (specify)</b>                           |  |  |  |  |  |  |  |  |  |
| 9 R   |  |  |  |  |  |  |  |  |  | (specify)   |  |  |  |  |  |  |  |  |  |

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

Distribution of Industrial and Water Treatment Chemicals to Industry and Municipalities.  
Drumming of various Solvents from Bulk Storage to Drums.

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|   |  |                        |  |                       |  |
|---|--|------------------------|--|-----------------------|--|
| <b>A. NAME &amp; OFFICIAL TITLE (type or print)</b>         |  | <b>B. SIGNATURE</b>    |  | <b>C. DATE SIGNED</b> |  |
| Harold Vandiver Regional Mgr.<br>J. L. SMITH BRANCH MANAGER |  | <i>Harold Vandiver</i> |  | NOVEMBER 18, 1980     |  |

**COMMENTS FOR OFFICIAL USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|



FORM 1  
RCRA  
EPA  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION  
Consolidated Permits Program  
(This information is required under Section 1005 of RCRA.)

I. EPA I.D. NUMBER  
F G A D 0 8 7 5 1 5 4 1 7 5

FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) |
|----------------------|---------------------------------|
|                      |                                 |

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

| YR. | MO. | DAY |
|-----|-----|-----|
| 78  | 03  | 01  |

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

| YR. | MO. | DAY |
|-----|-----|-----|
|     |     |     |

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|---------|--------------|--|
|---------|--------------|--|

|                                |     |  |
|--------------------------------|-----|--|
| Storage:                       |     |  |
| CONTAINER (barrel, drum, etc.) | 501 | GALLONS OR LITERS  |
| TANK                           | 502 | GALLONS OR LITERS  |
| WASTE PILE                     | 503 | CUBIC YARDS OR CUBIC METERS  |
| SURFACE IMPOUNDMENT            | 504 | GALLONS OR LITERS  |
| Disposal:                      |     |  |
| INJECTION WELL                 | 079 | GALLONS OR LITERS  |
| LANDFILL                       | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER |
| LAND APPLICATION               | D81 | ACRES OR HECTARES  |
| OCEAN DISPOSAL                 | D82 | GALLONS PER DAY OR LITERS PER DAY  |
| SURFACE IMPOUNDMENT            | D83 | GALLONS OR LITERS  |

| UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-----------------|----------------------|
|-----------------|----------------------|

|                 |   |
|-----------------|---|
| GALLONS         | G |
| LITERS          | L |
| CUBIC YARDS     | Y |
| CUBIC METERS    | C |
| GALLONS PER DAY | U |

UNIT OF MEASURE

|                      |   |
|----------------------|---|
| LITERS PER DAY       | V |
| TONS PER HOUR        | D |
| METRIC TONS PER HOUR | W |
| GALLONS PER HOUR     | E |
| LITERS PER HOUR      | H |

PROCESS

|                     |     |
|---------------------|-----|
| Treatment:          |     |
| TANK                | T01 |
| SURFACE IMPOUNDMENT | T02 |
| INCINERATOR         | T03 |

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

PROCESS CODE

|                                       |     |
|---------------------------------------|-----|
| GALLONS PER DAY OR LITERS PER DAY     | T01 |
| GALLONS PER DAY OR LITERS PER DAY     | T02 |
| TONS PER HOUR OR METRIC TONS PER HOUR | T03 |
| GALLONS PER HOUR OR LITERS PER HOUR   | T04 |

GALLONS PER DAY OR LITERS PER DAY

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

UNIT OF MEASURE

|               |   |
|---------------|---|
| ACRE-FEET     | A |
| HECTARE-METER | F |
| ACRES         | B |
| HECTARES      | Q |

UNIT OF MEASURE CODE

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|-----------------------------------|----------------------------|-----------------------|-------------|-----------------------------------|----------------------------|-----------------------|
| 1           | 2                                 | 3                          | 4                     | 5           | 6                                 | 7                          | 8                     |
| X-1         | S 0 2                             | 600                        | G                     | 5           |                                   |                            |                       |
| X-2         | T 0 3                             | 20                         | E                     | 6           |                                   |                            |                       |
| 1           | S 0 4                             | 200000                     | G                     | 7           |                                   |                            |                       |
| 2           |                                   |                            |                       | 8           |                                   |                            |                       |
| 3           |                                   |                            |                       | 9           |                                   |                            |                       |
| 4           |                                   |                            |                       | 10          |                                   |                            |                       |

# **I. PROCESSES (continued)**

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T01") FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.

## **IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS . . . . .        | P    | KILOGRAMS . . . . .    | K    |
| TONS . . . . .          | T    | METRIC TONS . . . . .  | M    |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## **D. PROCESSES**

### **1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO.<br>(enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE<br>(enter code) | D. PROCESSES                |  |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|--|
|          |  |                                       |                                    | 1. PROCESS CODES<br>(enter) | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |
| X-1      | K 0 5 4                                    | 900                                   | P                                  | T 0 3 D 8 0                 |  |
| X-2      | D 0 0 2                                    | 200                                   | P                                  | T 0 3 D 8 0                 |  |
| X-3      | D 0 0 1                                    | 100                                   | P                                  | T 0 3 D 8 0                 |  |
| X-4      | D 0 0 2                                    |                                       |                                    |                             | included with above  |

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA ID NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

W G A D O 8 7 5 1 5 4 1 7 3 1

W

DUP

DUP

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| 1. ID NO. | 2. EPA HAZARD. WASTE NO. (enter code) | 3. ESTIMATED ANNUAL QUANTITY OF WASTE | 4. UNIT OF MEASURE (enter code) | 5. PROCESSES             |   |
|-----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|---|
|           |                                       |                                       |                                 | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| 1         | U 0 0 2                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 2         | U 2 2 6                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 3         | U 1 5 9                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 4         | U 2 1 0                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 5         | U 2 3 9                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 6         | U 2 2 0                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 7         | U 1 5 4                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 8         | U 1 6 1                               | 5000 0 ✓                              | P ✓                             | T O 2 D 8 0              |   |
| 9         |                                       |                                       |                                 |                          |   |
| 10        |                                       |                                       |                                 |                          |   |
| 11        |                                       |                                       |                                 |                          |   |
| 12        |                                       |                                       |                                 |                          |   |
| 13        |                                       |                                       |                                 |                          |   |
| 14        |                                       |                                       |                                 |                          |   |
| 15        |                                       |                                       |                                 |                          |   |
| 16        |                                       |                                       |                                 |                          |   |
| 17        |                                       |                                       |                                 |                          |   |
| 18        |                                       |                                       |                                 |                          |   |
| 19        |                                       |                                       |                                 |                          |   |
| 20        |                                       |                                       |                                 |                          |   |
| 21        |                                       |                                       |                                 |                          |   |
| 22        |                                       |                                       |                                 |                          |   |
| 23        |                                       |                                       |                                 |                          |   |
| 24        |                                       |                                       |                                 |                          |   |
| 25        |                                       |                                       |                                 |                          |   |
| 26        |                                       |                                       |                                 |                          |   |



continued from the front.

DESCRIPTION OF HAZARDOUS WASTES (continued)  
USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

THOMPSON-HAYWARD POWDER SPRINGS OPERATES AS A CHEMICAL DISTRIBUTOR AND REPACKAGER OF INDUSTRIAL AND WATER TREATMENT CHEMICALS. OUR RETENTION POND WAS DESIGNED AND BUILT TO COLLECT ALL WASTEWATER, SPILLS, AND ANY POSSIBLY CONTAMINATED RAINWATER.

EPA I.D. NO. (enter from page 1)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F | G | A | D | 0 | 8 | 7 | 5 | 1 | 5 | 4 | 1 | 7 | 3 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 3 | 3 | 5 | 2 | 0 | 1 | 0 |
|---|---|---|---|---|---|---|

LONGITUDE (degrees, minutes, & seconds)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 8 | 4 | 4 | 2 | 0 | 0 | 8 |
|---|---|---|---|---|---|---|---|

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Harold Vandiver, V.P. Reg. Mgr.  
J. L. SMITH

B. SIGNATURE

C. DATE SIGNED

NOVEMBER 18, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

J. L. SMITH

B. SIGNATURE

C. DATE SIGNED

NOVEMBER 18, 1980

|                                      |  |                               |  |  |  |  |  |
|--------------------------------------|--|-------------------------------|--|--|--|--|--|
| <b>FORM 1</b><br><b>GENERAL</b>      |  | <b>EPA</b>                    |  | <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br>(Read the "General Instructions" before starting.) |  | <b>I. EPA I.D. NUMBER</b><br>F G A D 0 8 7 5 1 5 4 1 7 |  |
| <b>II. POLLUTANT CHARACTERISTICS</b> |  | <b>III. NAME OF FACILITY</b>  |  | <b>IV. FACILITY CONTACT</b>  |  | <b>V. FACILITY MAILING ADDRESS</b>                     |  |
| <b>VI. FACILITY LOCATION</b>         |  | <b>VII. FACILITY LOCATION</b> |  | <b>VIII. FACILITY LOCATION</b>   |  | <b>IX. FACILITY LOCATION</b>                           |  |

**GENERAL INSTRUCTIONS.**  
If a preprinted label has been provided, fill it in the designated space. Review the information carefully; if any of it is incorrect, or through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in areas below: if the label complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column; if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS   | MARK 'X' |    |               | SPECIFIC QUESTIONS   | MARK 'X' |    |               |
|--|----------|----|---------------|--|----------|----|---------------|
|  | YES      | NO | FORM ATTACHED |  | YES      | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |          | X  |               | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |          | X  |               |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  |          | X  |               | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |          | X  |               |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   | X        |    |               | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |          | X  |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas; or inject fluids for storage of liquid hydrocarbons? (FORM 4) |          | X  |               | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |          | X  |               |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)                 |          | X  |               | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |          | X  |               |

|                              |                                     |
|------------------------------|-------------------------------------|
| <b>III. NAME OF FACILITY</b> |                                     |
| 1                            | THOMPSON - HAYWARD CHEMICAL COMPANY |

|  |                          |
|--|--------------------------|
| <b>IV. FACILITY CONTACT</b>            |                          |
| A. NAME & TITLE (last, first, & title) |                          |
| 2                                      | SMITH J L BRANCH MANAGER |
| B. PHONE (area code & no.)             |                          |
| 4                                      | 0 4                      |
| 3                                      | 5 1                      |
| 0                                      | 6 5 4                    |

|                                    |               |
|------------------------------------|---------------|
| <b>V. FACILITY MAILING ADDRESS</b> |               |
| A. STREET OR P.O. BOX              |               |
| 3                                  | P O BOX 20178 |
| B. CITY OR TOWN                    |               |
| 4                                  | ATLANTA       |
| C. STATE                           |               |
| G                                  | A             |
| D. ZIP CODE                        |               |
| 3                                  | 0 3 2 5       |

|   |                           |
|---|---------------------------|
| <b>VI. FACILITY LOCATION</b>                      |                           |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER |                           |
| 5   | HWY 278 AND FLORENCE ROAD |
| B. COUNTY NAME                                    |                           |
| 6   | COBB                      |
| C. CITY OR TOWN                                   |                           |
| 8   | POWDER SPRINGS            |
| D. STATE  |                           |
| G   | A                         |
| E. ZIP CODE                                       |                           |
| 3   | 0 0 7 3                   |
| F. COUNTY CODE (if known)                         |                           |



CONTINUED FROM THE FRONT

**II. SIC CODES (4-digit, in order of priority)**

|                                       |  |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|--|--|--|
| <b>A. FIRST</b>                       |  |  |  | <b>B. SECOND</b>                                |  |  |  |
| (specify) 2 8 6 9 INDUSTRIAL CHEMICAL |  |  |  | (specify) 7 2 8 9 9 WATER PURIFICATION CHEMICAL |  |  |  |
| <b>C. THIRD</b>                       |  |  |  | <b>D. FOURTH</b>                                |  |  |  |
| (specify)                             |  |  |  | (specify)                                       |  |  |  |

**III. OPERATOR INFORMATION**

|                                     |  |   |
|-------------------------------------|--|---|
| <b>A. NAME</b>                      |  | <b>B. Is the name listed in Item VIII-A also the owner?</b>         |
| THOMPSON - HAYWARD CHEMICAL COMPANY |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

|   |   |                                       |                       |
|---|---|---------------------------------------|-----------------------|
| <b>C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)</b> |   | <b>D. PHONE (area code &amp; no.)</b> |                       |
| F = FEDERAL<br>S = STATE<br>P = PRIVATE   | M = PUBLIC (other than federal or state)<br>O = OTHER (specify) | P (specify)                           | A 4 0 4 3 5 1 0 6 5 4 |

|                              |  |
|------------------------------|--|
| <b>E. STREET OR P.O. BOX</b> |  |
| 1 2 9 4 LOGAN CIRCLE         |  |

|                        |  |                 |                    |   |
|------------------------|--|-----------------|--------------------|---|
| <b>F. CITY OR TOWN</b> |  | <b>G. STATE</b> | <b>H. ZIP CODE</b> | <b>IX. INDIAN LAND</b>  |
| B A T L A N T A        |  | G A             | 3 0 3 2 5          | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**X. EXISTING ENVIRONMENTAL PERMITS**

|   |  |   |  |
|---|--|---|--|
| <b>A. NPDES (Discharges to Surface Water)</b>   |  | <b>D. PSD (Air Emissions from Proposed Sources)</b> |  |
| 9 N   |  | 9 P   |  |
| <b>B. UIC (Underground Injection of Fluids)</b> |  | <b>E. OTHER (specify)</b>                           |  |
| 9 U   |  | (specify)   |  |
| <b>C. RCRA (Hazardous Wastes)</b>               |  | <b>E. OTHER (specify)</b>                           |  |
| 9 R   |  | (specify)   |  |

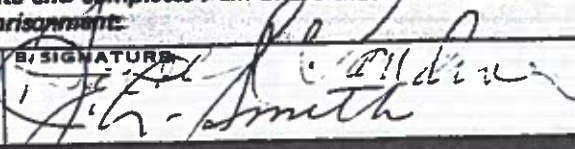
**XI. MAP**  
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show: the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities; and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

Distribution of Industrial and Water Treatment Chemicals to Industry and Municipalities.  
 Drumming of various Solvents from Bulk Storage to Drums.

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|   |  |                       |
|---|--|-----------------------|
| <b>A. NAME &amp; OFFICIAL TITLE (type or print)</b>         | <b>B. SIGNATURE</b>  | <b>C. DATE SIGNED</b> |
| Harold Vandiver Regional Mgr.<br>J. L. SMITH BRANCH MANAGER |  | NOVEMBER 18, 1980     |

**COMMENTS FOR OFFICIAL USE ONLY**

|           |
|-----------|
| <b>C.</b> |
|-----------|

**FORM  
3  
RCRA**



**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
*Consolidated Permits Program*

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | F | G | A | D | O | 8 | 7 | 5 | 1 | 5 | 4 | 1 | 7 |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|

**FOR OFFICIAL USE ONLY**

| APPLICATION APPROVED |  |  | DATE RECEIVED<br>(yr., mo., & day) |  |  |    |
|----------------------|--|--|------------------------------------|--|--|----|
|                      |  |  |                                    |  |  |    |
| 23                   |  |  | 24                                 |  |  | 25 |

## COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility's revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

|   |     |     |     |  |
|---|-----|-----|-----|--|
| C | YR. | MO. | DAY | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day)<br>OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED<br>(use the boxes to the left) |
| 8 | 7 8 | 0 3 | 0 1 |  |

| YR. |    | MO. |    | DAY |    |
|-----|----|-----|----|-----|----|
| 73  | 74 | 74  | 74 | 77  | 78 |

PROVIDE THE DAT  
(yr., mo., & day) OPE  
TION BEGAN OR IS  
EXPECTED TO BEG

**B. REVISED APPLICATION** (place an "X" below and complete item 1 above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

### III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, the describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS                        | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|--------------|--|
| <u>Storage:</u>                |              |  |
| CONTAINER (barrel, drum, etc.) | 501          | GALLONS OR LITERS  |
| TANK                           | 502          | GALLONS OR LITERS  |
| WASTE PILE                     | 503          | CUBIC YARDS OR CUBIC METERS                              |
| SURFACE IMPOUNDMENT            | 504          | GALLONS OR LITERS  |

| PROCESS  | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY                          |
|--|--------------|---|
| <b>Treatment:</b>  |              |   |
| <b>TANK.</b>   | <b>T01</b>   | <b>GALLONS PER DAY OR LITERS PER DAY</b>  |
| <b>SURFACE IMPOUNDMENT</b>   | <b>T02</b>   | <b>GALLONS PER DAY OR LITERS PER DAY</b>  |
| <b>INCINERATOR</b>   | <b>T03</b>   | <b>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</b> |
| <b>OTHER (Use for physical, chemical, thermal or biological treatment processes)</b> | <b>T04</b>   | <b>GALLONS PER DAY OR LITERS PER DAY</b>  |

**OTHER** (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

| UNIT OF MEASURE | UNIT OF MEASURE CODE |
|-----------------|----------------------|
| GALLONS         | G                    |
| LITERS          | L                    |
| CUBIC YARDS     | Y                    |
| CUBIC METERS    | M                    |
| GALLONS PER DAY | U                    |

| UNIT OF MEASURE                | UNIT OF MEASURE CODE |
|--------------------------------|----------------------|
| LITERS PER DAY . . . . .       | V                    |
| TONS PER HOUR . . . . .        | D                    |
| METRIC TONS PER HOUR . . . . . | W                    |
| GALLONS PER HOUR . . . . .     | E                    |
| LITERS PER HOUR . . . . .      | H                    |

| UNIT OF MEASURE        | UNIT OF MEASURE CODE |
|------------------------|----------------------|
| ACRE-FEET. . . . .     | A                    |
| HECTARE-METER. . . . . | F                    |
| ACRES. . . . .         | B                    |
| HECTARES. . . . .      | C                    |

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">C</div> <div style="border: 1px solid black; padding: 2px;">T/A</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">18</div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">19</div> </div> |   |     |                            |  |  |  |                                 |  |  | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">19</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">29</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> |    |  |                            |  |  |  |                                 |  |  | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">19</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">29</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">28</div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">32</div> </div> |  |  |  |  |  |  |  |  |  |
|---|---|-----|----------------------------|--|--|--|---------------------------------|--|--|---|----|--|----------------------------|--|--|--|---------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|
| A. PROCESS CODE (from list above)   |   |     | B. PROCESS DESIGN CAPACITY |  |  |  | FOR OFFICIAL USE ONLY           |  |  | A. PROCESS CODE (from list above)   |    |  | B. PROCESS DESIGN CAPACITY |  |  |  | FOR OFFICIAL USE ONLY           |  |  |   |  |  |  |  |  |  |  |  |  |
|   |   |     | 1. AMOUNT (specify)        |  |  |  | 2. UNIT OF MEASURE (enter code) |  |  |   |    |  | 1. AMOUNT                  |  |  |  | 2. UNIT OF MEASURE (enter code) |  |  | FOR OFFICIAL USE ONLY   |  |  |  |  |  |  |  |  |  |
| X-1   | S | 0-2 | 600                        |  |  |  | G                               |  |  |   | 5  |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |
| X-2   | T | 0-3 | 20                         |  |  |  | E                               |  |  |   | 6  |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |
| 1   | S | 0-4 | 200000                     |  |  |  | G                               |  |  |   | 7  |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |
| 2   |   |     |                            |  |  |  |                                 |  |  |   | 8  |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |
| 3   |   |     |                            |  |  |  |                                 |  |  |   | 9  |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |
| 4   |   |     |                            |  |  |  |                                 |  |  |   | 10 |  |                            |  |  |  |                                 |  |  |   |  |  |  |  |  |  |  |  |  |



continued from the front.

## I. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS. . . . . P  
TONS. . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS. . . . . K  
METRIC TONS. . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV:** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO.<br>X-1<br>X-2<br>X-3<br>X-4 | A. EPA HAZARDOUS WASTE NO.<br>(enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE<br>(enter code) | D. PROCESSES                |  |
|--------------------------------------|--|---------------------------------------|------------------------------------|-----------------------------|--|
|                                      |  |                                       |                                    | 1. PROCESS CODES<br>(enter) | 2. PROCESS DESCRIPTION<br>(if a code is not entered in D(1)) |
| X-1                                  | K 0 5 4                                    | 900                                   | P                                  | T 0 3 D 8 0                 |  |
| X-2                                  | D 0 0 2                                    | 400                                   | P                                  | T 0 3 D 8 0                 |  |
| X-3                                  | D 0 0 1                                    | 100                                   | P                                  | T 0 3 D 8 0                 |  |
| X-4                                  | D 0 0 2                                    |                                       |                                    |                             | included with above  |

CONTINUE ON PAGE 2



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

|                                     |   |   |   |   |   |   |   |   |   |   |   |                       |   |   |   |   |     |  |  |  |  |  |  |  |  |  |   |     |  |  |  |  |  |  |  |  |  |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|-----------------------|---|---|---|---|-----|--|--|--|--|--|--|--|--|--|---|-----|--|--|--|--|--|--|--|--|--|
| EPA I.D. NUMBER (enter from page 1) |   |   |   |   |   |   |   |   |   |   |   | FOR OFFICIAL USE ONLY |   |   |   |   |     |  |  |  |  |  |  |  |  |  |   |     |  |  |  |  |  |  |  |  |  |
| W                                   | G | A | D | 0 | 8 | 7 | 5 | 1 | 5 | 4 | 1 | 7                     | 1 | 1 | 1 | W | DUP |  |  |  |  |  |  |  |  |  | 2 | DUP |  |  |  |  |  |  |  |  |  |

## IV DESCRIPTION OF HAZARDOUS WASTES (continued)

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES             |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|---|---|---|---|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|          |                                       |                                       |                                 | 1. PROCESS CODES (enter) |   |   |   |   |   |  |  | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1        | U 0 0 2                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2        | U 2 2 6                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3        | U 1 5 9                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4        | U 2 1 0                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5        | U 2 3 9                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6        | U 2 2 0                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7        | U 1 5 4                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8        | U 1 6 1                               | 50000 ✓                               | P ✓                             | T                        | 0 | 2 | D | 8 | 0 |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9        |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26       |                                       |                                       |                                 |                          |   |   |   |   |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Continued from the front.

**DESCRIPTION OF HAZARDOUS WASTES (continued)**

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

THOMPSON-HAYWARD POWDER SPRINGS OPERATES AS A CHEMICAL DISTRIBUTOR AND REPACKAGER OF INDUSTRIAL AND WATER TREATMENT CHEMICALS. OUR RETENTION POND WAS DESIGNED AND BUILT TO COLLECT ALL WASTEWATER, SPILLS, AND ANY POSSIBLY CONTAMINATED RAINWATER.

EPA I.D. NO. (enter from page 1)

G A D 0 8 7 5 1 5 4 1 7 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

33 52 01 0

LONGITUDE (degrees, minutes, & seconds)

084 42 00 8

**VIII. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Harold Vandiver, V.P. Reg. Mgr.  
J. L. SMITH

B. SIGNATURE

C. DATE SIGNED

NOVEMBER 18, 1980

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

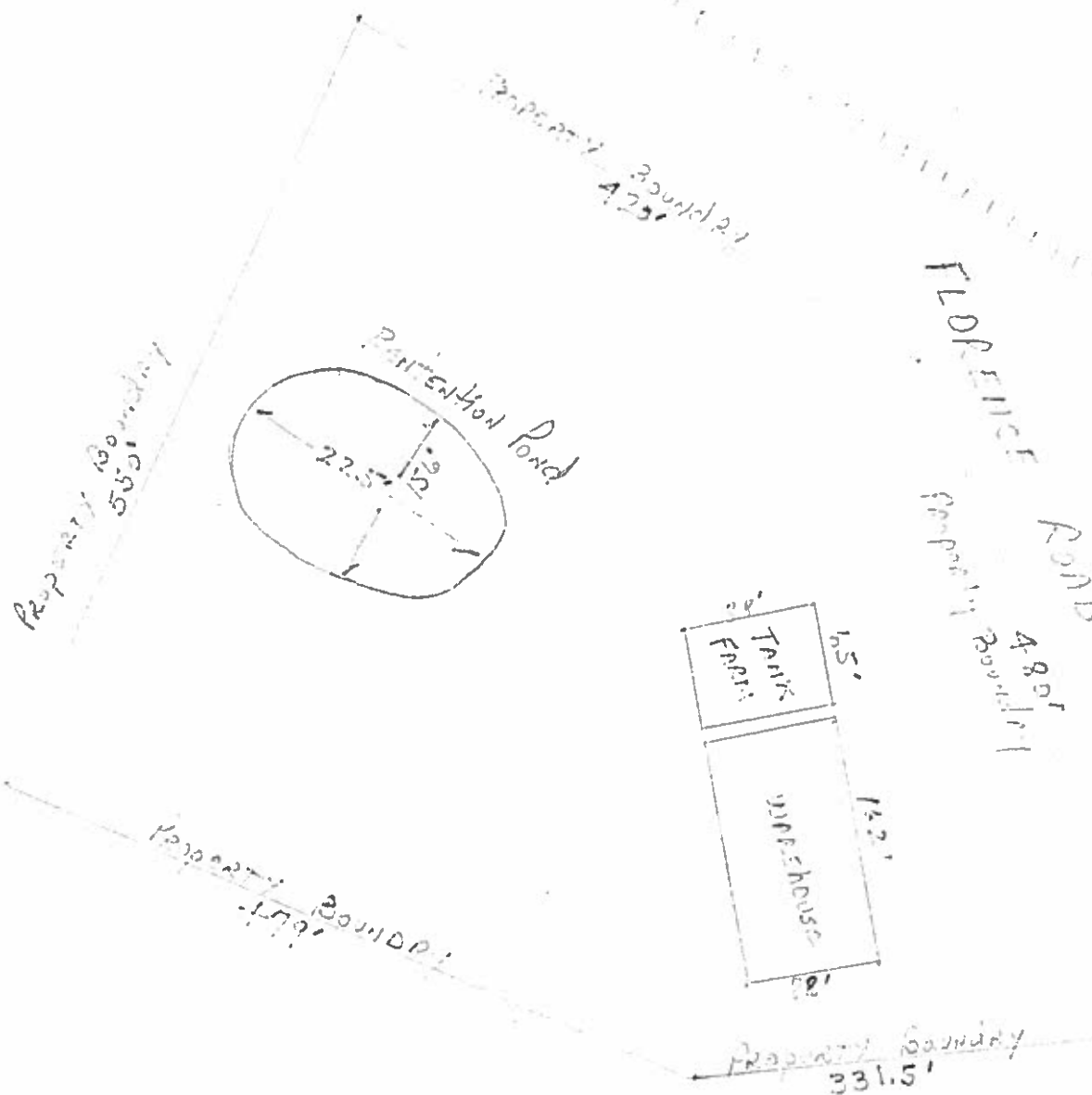
J. L. SMITH

B. SIGNATURE

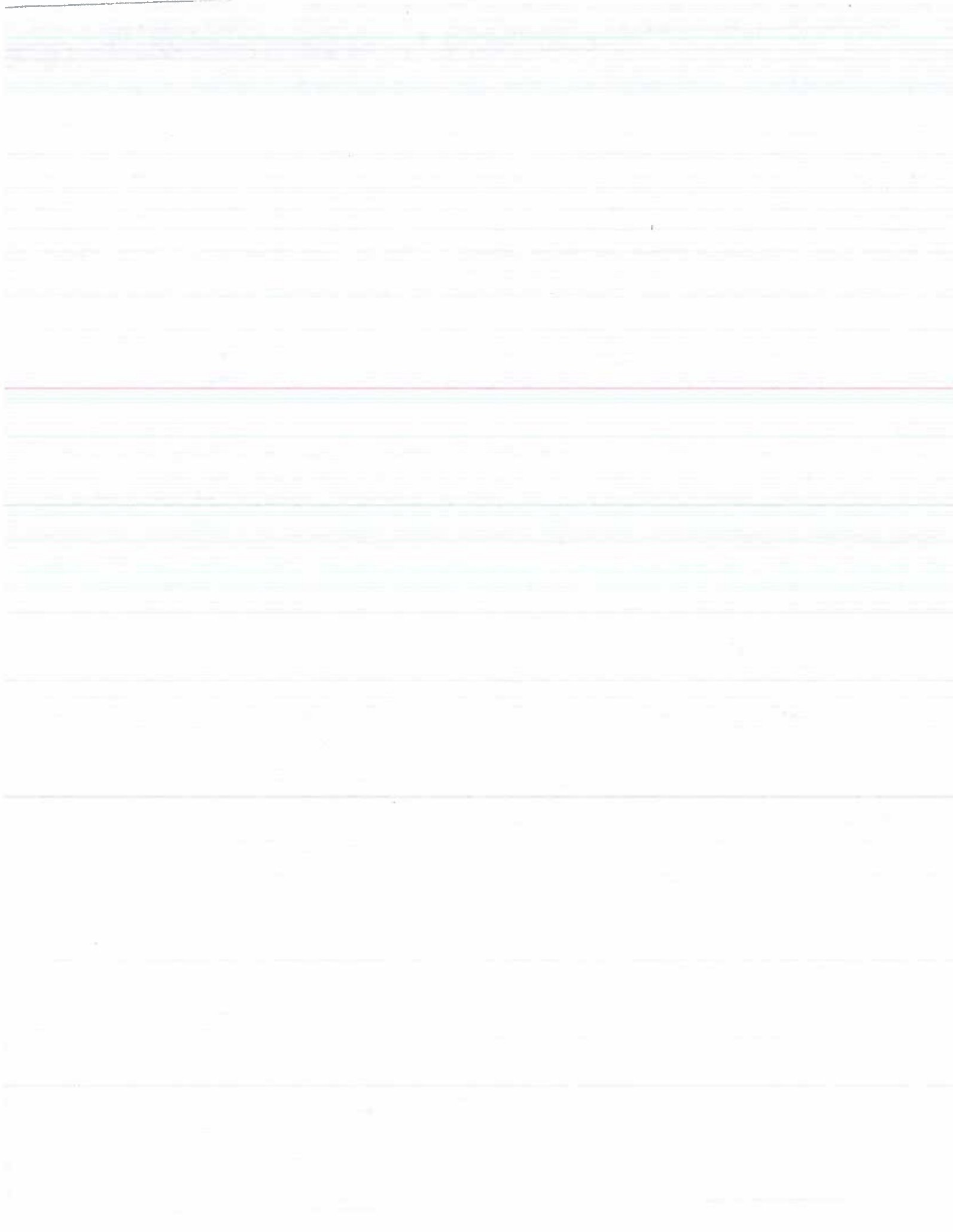
C. DATE SIGNED

NOVEMBER 18, 1980

FACILITY DRAWING (see page 1)



SCALE: 1 INCH = 115 FEET





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

GAD087515417

INSTALLATION ADDRESS

THOMPSON-HAYWARD CHEMICAL COMPANY  
PO BOX 20178  
ATLANTA GA 30325

Hwy 278 AND FLORENCE RD  
POWDER SPRINGS GA 30073

10/24/80



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

## INSTALLATION'S EPA I.D. NUMBER

## APPROVED

DATE RECEIVED  
(yr., mo., & day)

GAD087515417

## I. NAME OF INSTALLATION

THOMPSON-HAYWARD CHEMICAL COMPANY

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

PO BOX 20178

## CITY OR TOWN

ATLANTA

## ST.

## ZIP CODE

GA 30325

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

HWY 278 AND FLORENCE RD

## CITY OR TOWN

POWDER SPRINGS

## ST.

## ZIP CODE

GA 30073

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

SMITH J L BRANCH MANAGER

## PHONE NO. (area code &amp; no.)

404-351-0654

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

THOMPSON-HAYWARD CHEMICAL COMPANY

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

## AMMENDMENT

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

GAD087515417

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



| I.D. - FOR OFFICIAL USE ONLY |   |  |  |  |  |  |  |  |  |  |  |  |     |    |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|-----|----|
| 9                            |   |  |  |  |  |  |  |  |  |  |  |  | T/A | C  |
| W                            |   |  |  |  |  |  |  |  |  |  |  |  | 13  | 14 |
| 1                            | 2 |  |  |  |  |  |  |  |  |  |  |  | 15  | 16 |

## X. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| 1       | 2       | 3       | 4       | 5       | 6       |
|---------|---------|---------|---------|---------|---------|
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7       | 8       | 9       | 10      | 11      | 12      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| 13      | 14      | 15      | 16      | 17      | 18      |
|---------|---------|---------|---------|---------|---------|
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19      | 20      | 21      | 22      | 23      | 24      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25      | 26      | 27      | 28      | 29      | 30      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| 31      | 32      | 33      | 34      | 35      | 36      |
|---------|---------|---------|---------|---------|---------|
| P 0 2 9 | P 0 3 0 | U 1 6 1 | P 1 0 6 | P 1 2 1 | U 0 0 2 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37      | 38      | 39      | 40      | 41      | 42      |
| U 2 2 6 | U 1 5 9 | U 2 1 0 | U 2 3 9 | U 2 2 0 | U 1 5 4 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43      | 44      | 45      | 46      | 47      | 48      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| 49      | 50      | 51      | 52      | 53      | 54      |
|---------|---------|---------|---------|---------|---------|
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

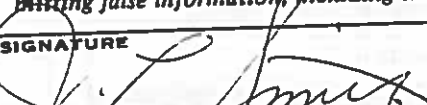
☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| SIGNATURE  | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED |
|--|---------------------------------------|-------------|
|  | J. L. Smith Branch Manager            | 11-18-80    |